WELFARE TO WORK/CAL-LEARN SUPP	ORTIVE SERVICES	NOTICE DATE:
OVERPAYMENT FINAL NOTICE		
ADDRESSEE		CASE NAME:
		CASE NUMBER:
		WORKER'S NAME"
We told you on	th	nat you were overpaid for the following supportive service(s)
☐ Transportation expenses	☐ Work/train	ning related expenses Education related expense
The amount of your overpayment that you still o	we is \$ and is	s due now.
HERE'S WHY:		
You did not agree to repay.		
You did not pay as agreed.		
You are no longer in Welfare to Work/C	· · · · · · · · · · · · · · · · · · ·	
You are no longer getting cash aid, and		-
You did not have to repay while you weOther.	ere in wellare to work/car-Lean	n. Now you need to repay.
TOTAL OVERPAID AMOUNT	LESS AMOUNT RE	EPAID TOTAL AMOUNT YOU OWE
\$	- \$	= \$
	•	= \$ on within ten days from the date this notice was mailed to you
You must pay the County what you owe or conta	act us to make a repayment pla	
You must pay the County what you owe or contact the County or cont	act us to make a repayment pla county to enter into a repaymen ollect the amount you owe.	n within ten days from the date this notice was mailed to yount agreement, the County may take what you owe out of you
You must pay the County what you owe or contact If you do not repay the County or contact the C state income tax refund or take other action to c	act us to make a repayment pla county to enter into a repaymen ollect the amount you owe.	in within ten days from the date this notice was mailed to you not agreement, the County may take what you owe out of you at you owe.
You must pay the County what you owe or contact If you do not repay the County or contact the C state income tax refund or take other action to c If you get cash aid you can ask to have your cash	act us to make a repayment pla county to enter into a repayment ollect the amount you owe. Sh aid grant lowered to pay what SI benefits to repay this overpa	in within ten days from the date this notice was mailed to you not agreement, the County may take what you owe out of you at you owe.
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You must pay the County what you owe or contact If you do not repay the County or contact the Costate income tax refund or take other action to coll If you get cash aid you can ask to have your cash. You do not have to use any Social Security or Social If you pay by check or money order, send or bring Address: If you pay by cash, pay in person. DO NOT MA	act us to make a repayment pla county to enter into a repayment ollect the amount you owe. Is aid grant lowered to pay what SI benefits to repay this overpating it to:	in within ten days from the date this notice was mailed to you not agreement, the County may take what you owe out of you at you owe. By a symmetry the county may take what you owe out of you owe.
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CONTACT YOUR WORKER/CASE MANAGER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

RULES: These rules apply. CalWORKs Implementation Guidelines, Section VII, Welf. & Ins. Code 11004, 11323.4. You may review them at your welfare office.